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ABSTRACT

The "Parent Needs Inventory" (PNI) is designed to identify needs and concerns of parents of very young handicapped children and to provide an objective measure of program effectiveness. Using the Q-sort process, the PNI compares the parent's "real" and "ideal" perceptions of themselves in three areas--the grieving process, knowledge of child development, and knowledge of community resources. Results from a pilot study, involving test review by professionals and parents, indicate the instrument is a useful and attractive aid to professionals working with parents of handicapped children. (SW)

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The Parent Needs Inventory

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Paper presented at the Annual International Convention of the Council for Exceptional Children (60th, Houston, TX, April 11-16, 1982)

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The efficacy of parent involvement has been demonstrated by, among others, Bronfenbrenner (1975) and has been widely accepted as an integral part of any program serving the very young handicapped child. Parent involvement, which began with the parent as a free teacher's aide, has evolved to where the parent is seen as an equal part of the educational ecology. This new perspective indicates that intervention should address the needs and concerns of the parents, as well as those of the child.

If the parent's needs and concerns are to be addressed, methods of identifying those needs and concerns are needed. A measure of the effectiveness of the intervention is also needed. The Parent Needs Inventory was designed to be an instrument which could identify parent's needs and concerns, and provide an objective measure of program effectiveness.

The Parent Needs Inventory (PNI) uses the Q sort process to identify the needs and concerns of parents. The parent compares his/her "real" and "ideal" perceptions of themselves as a parent in three areas: The Grieving Process, Knowledge of Child Development, and Knowledge of Community Resources. The comparison is achieved by the parent rank-ordering a set of statements along a continuum from "most like me" to "most unlike me", first for how he really feels then again for how he would like to feel. The placement of the statements in the real and ideal sorts are then compared.

Statements which appear in significantly different positions indicate priority needs or concerns and provide an intervention baseline. Subsequent

assessments identify changes in the needs and concerns of the parents and provide a measure of program effectiveness.

THE PROCEDURE

The statements are considered valid because they are based on conversations between parents and the developers in an intervention program. The developers subsequently ran studies to establish the reliability of the statements.

The first studies looked at the statements alone. In separate surveys professionals were asked to place statements into prescriptive categories and to judge the tone of the statements. Having established a reliable set of statements, professionals were asked to judge the usability of the total package.

THE METHOD

The first questionnaire asked the respondent to place each statement into a prescriptive subcatagory of the major area, e.g. from the area called the Grieving Process:

11. Life is a burden:

___Denial? ___Anger? ___Bargaining?

___Depression? ___Guilt? ___Acceptance?

There were 39 usable questionnaires returned. The results were analyzed using the Chi-square test for significant preference, and the Kuder-Richardson and Hoyt to test the reliability of the items in relation to the test as a whole.

The 25 statements in each area with the strongest Chi-square scores were selected for use in the experimental model. The results of the Kuder-Richardson and Hoyt correlations were: The Grieving Process .64
Knowledge of Child Development .83
Knowledge of Community Resources .87

A second questionnaire asked "Is the tone of the statement negative (depressing) or positive (uplifting)?". There were 25 usable questionnaires returned. In analyzing the "Positive/Negative" Questionnaire, a 70% preference was used as the criteria for attributing the tone to the statement. This questionnaire is to ensure a balance of positive and negative statements.

Having put together the working model (PNI, 1979), kits were distributed to two groups of professionals. The first group was to use the device, return the results obtained from the use of the device and the Reviewer Questionnaire. The second group was asked to review the device and complete the Reviewer Questionnaire.

The first group was composed of professionals from fourteen sites across the country who had volunteered to participate. The fourteen sites included urban and rural programs. The parents involved had children who were blind, multihandicapped, physically handicapped, or developmentally delayed. The children were ages birth to fifteen years.

Of the fourteen sites, five returned results and Reviewer Questionnaires, for a total of 35 assessment results and five Reviewer Questionnaires. Because of the small return and because not all assessments were usable, there was little benefit in trying to statistically analyze the results. Consequently, the developers chose to look at the combined results for the Reviewer Questionnaire to judge the utility and attractiveness of the device.

Of the second group, those asked only to review the PNI, 14 of 60 returned results for a 28% return. Combining the two groups yielded 19 usable Reviewer Questionnaires.

The Reviewer Questionnaire consisted of three pages which asked the users or reviewers about the PNI's format, instructions, and content. By section the results, the developers' conclusions, and subsequent changes were:

FORMAT

Q1. Is the time required to complete the inventory reasonable? Yes 13 No 6 .

The comments accompanying the negatives indicated all three sections of the inventory was attempted at one visit. The developers agree that the entire inventory is too much to attempt at one sitting. It is recommended that only a single section be attempted per visit. The time required to complete one section is 30-45 minutes.

Q2. Are the cards and gameboard satisfactory in regard to the following? Card size? Yes 18 No 1 , Board size? Yes 17 No 2 , Readibility? Yes 12 No 7 , Portability? Yes 19 No 0 , Durability? Yes 15 No 4 , and Packaging? Yes 12 No 7 .

Most dimensions of the materials were judged satisfactory. The revised model has more durable packaging.

Q3. Do you feel the Q sort is the best way to obtain this type of information? Yes 12 No 2 Qualified 5 .

Of the reviewers who could not answer "yes" or "no" most indicated the information obtained by using the PNI was very good but felt that the results could be augmented through other methods.

CONTENT

Q1. Do you feel the statements are accurate reflections of how parents feel? Yes 18 No 1 .

Q2. Do you feel the Grieving Process, Child Development, and Community Resources are the areas of greatest concern to most parents? Yes 19 No 0 .

Q3. Are there other areas you feel should be assessed? Yes 6 No 13 .

Other areas that were suggested were: "more items for older children", "prognosis and future placement", and "Public Law 94-142".

Q1. Were the instructions written and easy to follow in regard to the following: definitions of each section? Yes 19 No 0, suggested ways of working with parents? Yes 18 No 1, descriptions of interpreting the results? Yes 18 No 1, and description of scoring? Yes 19 No 1.

Q2. With improvements you may have suggested would you use this as a regular part of your program? Yes 17 No 1 Uncommitted 1.

The instructions were viewed as clear by most of the reviewers. One reviewer did feel more could be added to the section on interpreting the results; another needed more direction working with parents. The developers did hear from some users that they were not sure what to do with the results. The developers feel the problem may center on the relative newness of parent involvement. Any attempt to assess parent's needs and concerns must necessarily include a program to meet those needs and concerns. The revised model of the PNI includes chapters on working with parents, sample strategies, and planning sheets for parent programs.

CONCLUSIONS

The developers of the PNI (revised model) have been encouraged by the pilot study. Early study indicates the instrument is a useful and attractive aid to professionals working with parents of handicapped children. The developers look forward to further research of the Parent Needs Inventory.

The developers hope to see the PNI used as part of a sensitive intervention and to document program effectiveness. Other research questions that can be addressed include: "Is there a correlation between parent involvement and child progress?" and "Can the Grieving Process be empirically identified with parents of children who are handicapped?" Hopefully the PNI will be used for increased program effectiveness and growth in professional understanding.

References

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